

Place patient identification
 sticker here

DOCTOR'S ORDER SHEET

Allergies: NKA

****UNAPPROVED ABBREVIATIONS****

QD, QOD, MgSO₄, MSO₄, MS, IU, U or -u, ug, Use of a Trailing Zero (X.0mg), Lack of a Leading Zero(Xmg)

Date	Time	Orders	Nurse signature

USE BALL POINT PEN FAX TO PHARMACY

Qualified Medical Provider signature _____

Date _____

Time _____

